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| S | TATE OF SO | UTH CAROLINA |) | × 332 × 3 | |
|--|---|---|--|--|--|
| | Caption of Ca cample: Applica John D | se) ation for a Class C Charter Certificate from loe dba Doe's Limo |) BEFORE THE) PUBLIC SERVICE COMMISSION) OF SOUTH CAROLINA) | | |
| REQUEST FOR NAME CHANGE ON | | |) TRANSPORTATION COVER SHEET | | |
| CERTIFICATE FROM COASTAL MEDICAL TRANSPORTATION, LLC | | |) DOCKET) NUMBER: 2013 - 84 - T | | |
| (Please type or print) | | |) If this is your first time tiling an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. | | |
| | bmitted by: | ANGELA MATHEWES | Telephone: | 864-616-1375 | |
| Address: | | 110-B AUGUSTA ARBOR WAY | Fax: | 001 616-1313 | |
| | | GREENVILLE, SC 29605 | Other: | | |
| | | and and information and in the | Email: | angelamathewese gmail.co | |
| 45 11 | NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply) | | | | |
| | Application – Class C Taxi | | | | |
| | Application – Class C Charter | | | Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) | |
| | Application - Class C Charter Bus | | | Request to Amend Passenger Limit | |
| 双 | Application – Class C Non-Emergency | | | Request | |
| | Application - Class E Household Goods | | | Exhibit | |
| | Application - Class E Hazardous Waste | | | Late-Filed Exhibit | |
| | Application | | | Letter And Control | |
| | Request for Extension to Comply with Order | | | Proposed Order | |
| | Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | | of \Box | Publisher's Affidavit | |
| | Request for Cancellation of Certificate | | | Reservation Letter | |
| | Request for Suspension | | | Response | |
| | Request for Reinstatement | | | Return to Petition | |
| X | Request for Name Change on Certificate | | | Other: | |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C AMENDMENT FORM File the original with: Mail or fax a copy to: Public Service Commission of South Carolina S.C. Office of Regulatory Staff Clerk's Office **Transportation Department Motor Carrier Matters** 1401 Main Street, Suite 900 P.O. Box 11649 Columbia, S.C. 29201 Columbia, S.C. 29211 (803) 737-0578 (803) 896 - 5100 FAX (803) 737-0815 FAX (803) 896-5199 DATE: 4-6-15 I have the following Certificate: Class C Taxi # ____ Class C Charter # ____ Class C Charter Bus #____ Class C Non-Emergency #_8710 Please consider this as my request for the following amendment(s) to my Certificate: Name Change From: COASTAL MEDICAL TEANSPORTATION, LICOBA: (Current DBA if applicable) (Current Name) TO: USA CARE TRANS, LLC DBA: (New DBA if applicable) Scope of Authority (New Scope) (Current Scope) Passenger Limit (New Limit Number) (Current Limit Number) COASTAL MEDICAL TEANSPORTATION, LLC Name & DBA if DBA is applicable) (Street and/or Mailing Address) (Signature) GREENVILLE, SC 29605
(City, State, Zip Code) 864-616-1375 (Telephone Number)

Revised 3-2-10

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

USA CARE TRANS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 20th, 2015, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 20th day of January, 2015

Mark Hammond

Mark Hammond, Secretary of State

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